STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155636	A. BUILDING _____ B. WING _____	C 04/13/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISON TERRACE	1924 WELLESLEY BLVD INDIANAPOLIS, IN 46219

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the investigation of Complaint IN00106456. This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure survey completed on 2/24/12. This visit included the PSR to the investigation of Complaint IN00103026 completed on 2/24/12. Complaint IN00106456: Substantiated. No deficiencies related to the allegations are cited. Survey dates: April 12 and 13, 2012 Facility number: 000241 Provider number: 155636 AIM number: 100291310 Survey team: Janet Stanton, R.N.--Team Coordinator Michelle Hosteter, R.N. Heather Foster, R.N. Melanie Strycker, R.N. Census bed type: SNF/NF--106 Total--106 Census payor type: Medicare--7 Medicaid--88 Other--11 Total--106 Sample: 9 Harrison Terrace was found to be in compliance	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155636	A. BUILDING _____ B. WING _____	C 04/13/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARRISON TERRACE	1924 WELLESLEY BLVD INDIANAPOLIS, IN 46219

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1 with 42 CFR Part 483, Subpart B, and 410 IAC 16.2 in regard to the investigation of Complaint IN00106456. Quality review completed 4/17/12 Cathy Emswiller RN	F 000		